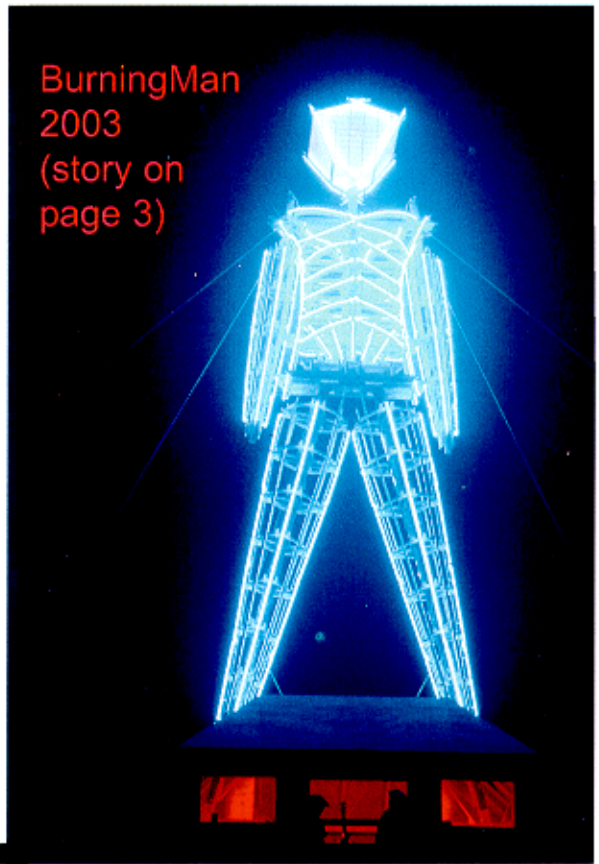
Nevada Health

Informational Newsletter Published by the
Nevada State Health Division
Office of Public Information



BurningMan 2003 (story on page 3)

New State Health Officer Arrives

Carson City - "For the first time in 30 years, I was able to choose the place I wanted to live," said Dr. Bradford Lee, as he began duties as Nevada's State Health Officer on August 4, 2003, after a distinguished career spanning more than 30 years with the United States Air Force. At the completion of his career, he wanted to return to the west, his home. "Nationally,

(continued on page 5)

New Bureau/BEIS chief appointed

Janelle Mulvenon has been appointed as Chief of the newly formed Bureau of Early Intervention Services (BEIS), in the Nevada State Health Division. Janelle has responsibility for ensuring all infants and toddlers in Nevada with developmental delays receive appropriate early intervention services and

(continued on page 2)

Think Pink!

That's what the ***Women's Health Connection (WHC)***, of the Nevada State Health Division's Bureau of Community Health, is asking of everyone. "Think Pink" is a campaign to remind Nevadans that October is Breast Cancer Awareness Month. WHC joined Carson-Tahoe Cancer Services in kicking-off the "Think Pink" campaign with a bang. Statistics are staggering: 300 Nevada women are estimated to die in 2003,

(continued on page 4)

Mission Statement

Promote and protect the well-being of Nevadans and visitors to our state by preventing disease, injury, and disability.

FALL 2003

(continued from cover page)

support. Those services include: service coordination with various health professionals, vision services, family training and counseling, nutrition services, instruction, audiology, medical services for diagnostic purposes, and specialized therapies. She'll manage early intervention staff and offices located in Reno, Carson City, Elko, and four Las Vegas locations, where services originate.

The creation of the Bureau of Early Intervention Services (BEIS), under the Nevada State Health Division, was approved by the 2003 Legislative session. Previously, early intervention services were located in the Division of Child and Family Services (DCFS), and the Director's Office of the Department of Human Resources (DHR). Effective July 1, 2003, all intervention programs, Part C, IDEA Office were consolidated within the Nevada State Health Division.The new Bureau is designed to improve public access to services and increase availability with "one-stop" services concept under one agency. Children eligible for services include those under the age of three who have a 50 percent delay in one developmental area, a 25 percent delay in two developmental areas, or a medical condition resulting in a high probability of a developmental delay. In Nevada, two percent of all children ages birth through two years, are estimated to be eligible for early intervention services.

Janelle completed her undergraduate and graduate studies in Special Education and School Administration in Kansas. She has extensive profesional service in the public and school administration arena. With more than 20 years in public service, she's been an educator, vocational counselor, mediator, program manager, federal grant director, and most recently, clinical program manager for Nevada's Community Connection, which was recently incorporated into the Nevada State Health Division.

During her spare time, which is rare, Janelle is a loyal University of Kansas basketball fan. She enjoys hiking, cooking, sailing, kayaking, and spending time with her family. Great to have you on the Nevada State Health Division Team!

Determined Promise-- Public Health Prepares

By Paul Lunde, Distance Learning Coordinator

Public Health Preparedness

On Friday, August 15, 2003, terrorists released pneumonic plague from a mysterious van on the Las Vegas Strip – in theory, at least. Fortunately, it was just a mock terrorist attack that launched a two-week exercise called Determined Promise 2003 (DPO3).

Public Health officials throughout Nevada took part in this, the nation's largest terrorism response exercise. The federally-funded exercise tested our state's response plans along side local and federal agencies. It was designed by the newly formed U.S. Northern Command which is responsible for coordinating military support to civilian authorities when it is requested. The two million dollar exercise was designed to overwhelm local and state resources. Local officials would be overwhelmed and call the state for assistance; the state would be overwhelmed and in turn, request the assistance of the federal government and military. Major General Giles Vanderhoof, Adjutant General, of the Nevada National Guard, explained, the exercise was designed to reveal areas where Nevada's emergency response plan can be improved. A simulation that runs perfectly would not be nearly as useful.

As the exercise progressed on Monday, August 18, southern Nevada hospitals became flooded with patients complaining of flu-like symptoms, most with blood in sputum. Doctors diagnosed it as pneumonic plague, and law enforcement officials confirmed it was a terrorist attack. At that point, the State Emergency Operations Center (SEOC), and the federal Department of Homeland Security were activated.

The SEOC is coordinated by the state Division of Emergency Management at their headquarters on South Carson Street in the old Armory building. At the SEOC, state response agencies identify, mobilize and deploy resources to affected emergency/disaster areas to assist the local government in life and property-saving efforts. To efficiently provide assistance, state agencies each take responsibility for a corresponding **E**mergency **S**upport **F**unction (ESF). Out of the 15 ESFs specified, the Department of Human Resources/Health Division is responsible for ESF #8: Health and Medical Services.

Although it was only a simulation, the tension at the SEOC was real. Since it was a bio-terrorism incident, ESF#8 was typically staffed by three to four health division employees instead of the usual one or two. Employees sometimes worked round-the-clock in three shifts. They took phone requests for medical resources (ventilators, blood, personnel, triage centers, etc.), then scrambled to locate these

(continued on page 3)

(continued from page 2)

resources. Every action had to be documented as it happened, both electronically and in hard copy. The phone was constantly ringing, requiring teamwork and multitasking to handle the flood of requests.

By the end of Tuesday, August 19, there were 309 cases of pneumonic plague and nine deaths. Triage centers were established at four Las Vegas area high schools. Having depleted its state resources on the second day, the Health Division, by way of an Action Request Form (ARF), requested 288 medical personnel (physicians, nurses, respiratory specialists, etc.) from the Federal Emergency Management Agency (FEMA). There were 298 ventilators in use for persons with respiratory distress, with another 665 required. Hospitals were reporting they were overwhelmed and could not handle additional cases. On Wednesday, August 20, the Health Division, again using an ARF, requested 5,300 additional medical and professional staff. Five additional triage centers were opened at Durango, Cimarron, Rancho and Eldorado high schools, and an undetermined site in Logandale, for a total of nine sites. Additionally, plans were made by the Health Division to coordinate efforts with the Clark County Health District for a "makeshift hospital" at the Las Vegas Convention Center for 2,000 beds. By Thursday, August 21, the SEOC had forwarded eight ARFs, the forms that are used to activate FEMA. These requests provided evidence that state resources had been clearly overwhelmed and the SEOC was "Stood Down" or discontinued on Thursday, August 21 at 5:00pm. The Determined Promise exercise was continued solely at the federal level for another week, until Friday August 29, 2003.

On a more positive note, it was agreed by every agency involved at each level — local, state and federal — the exercise went much better than expected and the State of Nevada is well prepared for a mass emergency.

The SEOC was staffed by Jeff Whitesides, (photo left) Angela Barosso, and Vanessa Alpers (photo left) from the Health Division's Public Health Preparedness Program and managed by the program's Coordinator, Cherrill Cristman, and Program Manager Jeff Whitesides. Other Health Division staff included: Richard Swinney and Richard Fenlason from BLC, Stan Marshall and Galen Denio from BHPS, and Kelly Service from the Office of Epidemiology. State Epidemiologist, Randall Todd, provided three training sessions on Emergency Support Function #8, and Public Information Officer, Martha Framsted, worked in the Joint Information Center.

(BurningMan 2003,
continued from front cover)

Photographs by: Richard Elloyan and Morgan Tyler, BHPS

It is an exhaustive work schedule by the Nevada State Health Division's Bureau of Health Protection Services, (BHPS), to maintain an active presence at the annual BurningMan Festival on the Black Rock Desert in northern Nevada. In addition to enforcing the recently adopted Temporary Mass Gathering regulatons, the Bureau has responsibility for permitting and inspection of temporary food establishments; inspection and permitting of septic pumpers and haulers; preventing illegal public pools, spas, and water attractions; enforcing regulations on potable water haulers. All this to protect the public .

continued from front page:
according to the American Cancer Society. In September 1997, Women's Health Connection aggressively sought and was awarded a grant from the Centers for Disease Control and Prevention (CDC), totaling $2.7 million, establishing the Nevada Breast and Cervical Cancer Early Detection Program, under Women's Health Connection (WHC). Responding to the desperate need in Nevada, WHC began screening services when funding was received. The grant funds screening and diagnostic services for early detection of breast and cervical cancers in Nevada women. WHC arranged with Nevada Health Centers to locate the Mammovan for Nevada at the Nevada State Health Division's headquarters at the Kinkead Building. With grant dollars, the Women's Health Connection provided free mammograms to those who qualified for services under the grant funded by the CDC.

Lending support, Mrs. Dema Guinn, First Lady of Nevada, welcomed guests to the festivities and stressed the importance of the program she assisted in establishing and funding. She was accompanied by Mike Willden, Director, Department of Human Resources, Yvonne Sylva, Administrator, Nevada State Health Division, Steven Hansen, CEO, Nevada Health Centers, Inc., and Paula Guzman, Community Outreach Coordinator, "Mammovan for Nevada," Nevada Health Centers, Inc.

Left to right: **Paula Guzman and Steve Hansen, Nevada Health Centers, Inc., and Mrs. Guinn, aboard the "Mammovan for Nevada."**

Left to Right: **Steven Hansen, CEO Nevada Health Centers, Yvonne Sylva, Administrator, NSHD, First Lady Dema Guinn, Mike Willden, Director, DHR, open ceremonies outside the Kinkead Building in Carson City.**

(Continued from cover page....)

Nevada is rated high as a great place to live," Lee said. He was attracted to Nevada because of its diversity in people and landscape. He said, "Nevada runs the gamut from the most sophisticated of people to the most down-to-earth, and that's what makes it a fund place to live."

He began his medical service in direct patient care. His career evolved into training medical staff to prepare and respond to disasters, medical response to aircraft accidents, disease investigation, and flight medicine. As a flight surgeon, he's flown in nearly every aircraft in the Air Force's inventory. With a smile, he remembers his most challenging service as an electronic warfare officer in the backseat of an F-15E fighter aircraft. "It was a challenge to perform my job while enduring tremendous g-forces, twists and turns, while travelling at supersonic speeds." He served in overseas assignments in South Korea, Europe, and Southwest Asia. He's unassuming and prefers to be called "Brad." He values people and teamwork, a trait he mastered while commanding Air Force units over the past 30 years. Dr. Lee enjoys people and likes one-on-one conversations. His passions are judo, classic cars, motorcycles, and skiing. After accumulating more than a million frequent flyer miles in his work with the U.S. Air Force, he continues to enjoy travelling. He sees great challenges facing Nevada with its ever-increasing population growth. He looks forward to working with Nevada's public health partners to improve general health parameters for all Nevadans.

As State Health Officer, he is responsible for enforcing all laws and regulations pertaining to public health. This includes interpreting, implementing and providing guidelines for Nevada's Health Division, Board of Health, and public and private entities on federal and state laws and Board of Health regulations. He will also investigate causes of disease, epidemics, sources of mortality, and other matters impacting public health.

Dr. Lee received his medical degree from Howard University, College of Medicine in 1978. He received his Juris Doctorate from the University of the Pacific, McGeorge School of Law in 1991, and his Master of Business Administration from Golden Gate University in 1994. He is a Fellow of the American College of Legal Medicine. He holds Nevada licensure for medicine, and California State licensure for both medicine and law.

He was born in San Francisco, California, and was raised in Oakland, California. In 1970, Dr. Lee received an appointment to the United States Air Force Academy in Colorado Springs, Colorado. He completed undergraduate studies in 1974, earning a Bachelor of Science degree in Life Sciences.

Nevada

Do You Have Questions About Your Child's Development?

Does your child:

By 3 months:
- Push up on his arms and hold his head up?
- Follow a moving toy with his eyes?
- Startled by a loud noise?

By 6 months:
- Sit up with light support?
- Babble when alone?
- Reach for objects?

By 9 months:
- Sit without support?
- Crawl (up on hands and knees)?
- Imitate sounds such as mama and bye-bye?

By 12 months:
- Pull up to a standing position?
- Finger-feed self solid foods?

By 18 months:
- Walk well and run?
- Name some objects?

By 24 months:
- Walk up and down stairs?
- Stack 2-4 objects?
- Use 2-3 word sentences?

Early Intervention Services can be helpful for a child and family if these developmental milestones are not being met. Services are available at no cost to the family. Anyone can make a referral.

For more information call:

1-800-522-0066

www.health2k.com

Nevada Early Intervention Services

Nevada Department of Human Resources
Health Division, Bureau of Early Intervention Services

What is all this talk about NEPHTS??

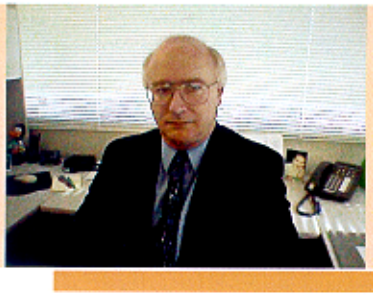
NEPHTS is the acronym for Nevada Environmental Public Health Tracking System. NEPHTS is a new program within the Bureau of Community Health. Grant funded by the Centers for Disease Control and Prevention (CDC), this program, in collaboration with other state agencies, has been tasked to assess Nevada's ability to conduct health surveillance from environmental agent exposures such as air quality, water quality, heavy metals, and chemicals as they link to the cause of chronic and non-infectious diseases including asthma, leukemia, poisonings, among many others, and support a reliable and sustainable health surveillance information infrastructure. Professionals from the Nevada State Health Division, Department of Environmental Protection, Department of Agriculture, Department of Information Technology and the Indian Commission, have been brought together to form a Technical Leadership Team to carry out much of the background work by performing: a) capacity assessments; b) foster input from local and state agencies, and from public for profit and non-profit organizations through the NEPHTS Planning Consortium; c) educate the public about the importance of our Environment in determining Nevada's everyday quality of life. The first steps in understanding the State's health surveillance capacity is to survey current information gathering capabilities this includes databases that are currently being used for surveillance or that might have the capability to be enhanced to perform a surveillance function. In fact, if you manage an environment or health related database you may be asked to be interviewed by a member of our team.

The leading causes of illness and death in Nevada and the United States shifted from infectious to chronic disease throughout the 20th century. Today, chronic disease, such as cancer and chronic lung pulmonary disease (CLPD), are among the most prevalent, costly and preventable of all health problems. Seventy percent of all deaths in Nevada and more than 60 percent of total medical care expenditures are due to chronic disease. Most of the chronic diseases and conditions are multifactorial in nature and to a certain degree could be attributed to risk factors related to the environment in which we live and work. Furthermore, most chronic diseases are extensions to the individual's *behavior* and lifestyle choices. Despite wide acceptance of the physical environment as a key determinant of human health, the current trends towards evidence-based public health are less obvious in policy and actions on the environment than in other areas. A role for the physical environment is accepted in the causation and exacerbation of many conditions and is hypothesized for many more. Some links between environmental exposures and disease, such as asbestos and lung cancer or lead and impaired cognitive development in children, are well documented. Others, such as a possible link between aluminum exposure and Alzheimer's disease are suspected, but still not proven. Cancers such as lung and skin, some heart disease and several forms of respiratory and mental health impairments are known to have an environmental component within an often complex etiological mix and, although mechanisms are poorly understood, we are fairly certain of the influence of environment exposures in conditions such as asthma, adult onset hypersensitivity, and some degenerative neurological disorders. The need for a national environmental public health tracking (surveillance) network was documented by the *Pew Environmental Health Commission* in its January 2001 report America's Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network. The "gap" that this report describes is the lack of basic information that could document possible links between environmental pollutants, chronic diseases, and other diseases. The *Pew* report also indicates that the nation's preparedness against biological and chemical terrorism underscores the need for a strong tracking infrastructure that can rapidly detect and respond to disease outbreaks associated with terrorist acts.

On July 18, 2002, the *National Centers for Disease Control and Prevention (CDC)* notified state public health agencies that competitive grant applications were being solicited for approximately $10 million in funding to allow states to begin development of a national environmental public health tracking program to link and report health effects data with human exposure data and environmental hazard data. The intent of developing a coordinated and integrated *National Environmental Public Health Tracking System (EPHTS)* is to provide state and local public health and environmental protection agencies with a uniform means of collecting, categorizing and analyzing data on environmental hazards, human exposure to those environmental hazards, and the short and long term health effects resulting from human exposure. CDC's funding was divided into two types of projects to accommodate differences in the existing environmental public health capacity and infrastructure at state and local levels. Part A funding was intended to allow states to undertake planning, assessment and capacity building activities that will lead to the development of a coordinated EPHTS. Part B funding was intended for states that have already completed planning and assessment activities and are ready to develop an EPHTS. The *Nevada State Health Division* applied for and received funding under Part A of the announcement. The grant application submitted to CDC by the Health Division was based upon establishing a state-level technical leadership team funded by the EPHTS grant, with dedicated positions within the Nevada State Health Division, Nevada Division of Environmental Protection, Nevada Department of Agriculture, and Nevada Department of Information Technology.

Additionally, the NEPHTS program has established a Planning Consortium to foster community partnership, public awareness and education with county, city and non-governmental agencies. The next Planning Consortium date is tentatively scheduled for November 19th in Reno, Nevada. If you are interested in the NEPHTS program or would like to attend the next consortium meeting, please contact:

Ihsan Azzam, Program Manager, 684-5901
Maryanna Moyer, Education & Information Officer, 684-5957



WEST NILE VIRUS

Dr. Randall Todd, Nevada State Epidemiologist

How Concerned Should We Be?

Any time a new disease or illness is identified it causes concern. With new diseases, most people do not have first hand knowledge of the illness nor are they likely to know others who have. Often, people with the most serious manifestations of the disease are highlighted in the news media adding further concern and worry. So what can we say about West Nile Virus to place it in proper perspective and what can be done to minimize our risk of acquiring this infection?

First, although West Nile Virus is relatively new to North America, it has actually been known for a long time in other parts of the world. It was first isolated from a woman with a fever in the West Nile district of what is now known as Uganda in 1937. The ecology of the virus was characterized in Egypt during the 1950s. West Nile Virus was recognized as a cause of severe human disease with inflammation of the spinal cord and brain in elderly patients during an outbreak in Israel in 1957. Disease among horses was first noted in Egypt and France in the early 1960s. Recent outbreaks in countries have occurred in Algeria in 1994, Romania in 1996-1997, the Czech Republic in 1997, the Democratic Republic of the Congo in 1998, and Russia in 1999. The first appearance of West Nile Virus in North America occurred in 1999. Since that time, the virus appears to have spread to all but a few of the Western states. To date, Nevada has not seen any evidence of the virus in birds, mosquitoes, or horses. One human case has been identified in Nevada but this individual's travel history to another state with significant viral activity makes it very unlikely that the infection was acquired locally.

West Nile Virus affects the central nervous system but the symptoms vary. In fact, most people (about 80 percent) infected with the West Nile Virus experience no symptoms. Up to 20 percent of people infected experience mild symptoms ncluding fever, headache, body aches, nausea, vomiting, and sometimes swollen lymph glands or a skin rash on the chest, stomach and back. These mild symptoms usually last a few days. About one person out of every 150 who become infected with West Nile Virus will develop severe illness. The severe symptoms can include high fever, headache, neck stiffness, stupor, disorientation, coma, tremors convulsions, muscle weakness, vision loss, numbness and paralysis. These severe symptoms may last several weeks, and neurological effects may be permanent.

West Nile Virus is generally spread by the bite of an infected mosquito. Mosquitoes become infected when they feed on infected birds. Infected mosquitoes then spread the virus to humans and other animals. In a very small number of cases, West Nile Virus has also spread through blood transfusions, organ transplants, breastfeeding and even during pregnancy from mother to baby. This virus is not spread through casual contact such as touching or kissing a person with the virus. People typically develop symptoms between three and fourteen days after they are bitten by an infected mosquito.

There is no specific treatment for infection with West Nile Virus. In cases with mild symptoms, the fever and aches pass on their own. In more severe cases, people usually need to go to the hospital where they can receive supportive treatment including intravenous fluids, help with breathing and nursing care. Anyone who develops symptoms such as unusually severe headaches or confusion should seek medical attention immediately. Pregnant women and nursing mothers should talk to their doctor if they develop symptoms that could be caused by West Nile Virus.

Even though West Nile Virus infection can cause serious illness, it is important to remember that for most people the risk of catching it is low. Less than one percent of people who are bitten by mosquitoes develop any symptoms of the disease and relatively few mosquitoes actually carry the virus. People who spend a lot of time outdoors are more likely to be bitten by an infected mosquito. They should take special care to avoid mosquito bites. Also, people over the age of 50 are more likely to develop serious symptoms and should take special care to avoid mosquito bites. It should be noted that pregnancy and nursing do not increase the risk of becoming infected. Finally, the risk of getting a West Nile Virus infection through blood transfusions and organ transplants is very small. There should be no reason for people who need surgery to avoid having it, although anyone who has concerns should talk to their doctor before surgery.

The easiest and best way to prevent infection with West Nile Virus is to avoid mosquito bites. The following guidelines will help to accomplish this:

(Continued on Page 9)

Diabetes Prevention and Control Program
By Bill Kirby, Acting Program Manager

The Diabetes Prevention and Control Program (DPCP), is sponsoring the "Dining with Diabetes" program. Other partners include the Nevada Diabetes Association for Children and Adults, and the Carson High School Culinary Arts Program. The program has been developed by the West Virginia University Extension Service. The purpose of the program is to increase the knowledge of healthful food choices for persons with diabetes and presenting healthy versions of familiar foods. The goals also include demonstrating proper cooking techniques for such products as artificial sweeteners, reduced fat food replacers, herbs and spices.

The program includes sessions on desserts, main dishes and side dishes. Recipes are included as part of the curriculum.

The first "Dining with Diabetes" program was held at Carson High School on Tuesday evenings from September 9 through September 30. A total of 29 people participated in the class.

Participants were administered a pre-test to determine their knowledge levels about certain foods. A post-test was administered at the end of the course.

Students from the Carson High School Culinary Arts Program prepared the recipes for participants to taste. On the evaluation, several of the participants cited the student's participation as an enjoyable part of the program.

A reunion for participants will be held January 6, 2004 to find out how the program was used. A survey will be conducted to determine which recipes were used by participants and their comments.

The DPCP will sponsor a second course in early January. The starting date will be announced.

For more information, contact Bill Kirby at 684-4081 or Lovana Dressler at 684-5982.

Best of the "Best"

Community Health Nurses and their administrative staff from rural and frontier counties throughout the State of Nevada, receive training in Carson City, October 6-10, 2003.

What is the Nevada Central Cancer Registry?

By Christina Gilliland, Bureau of Health Planning & Statistics

The Nevada Central Cancer Registry (NCCR) is a population based Cancer Registry that collects data on all Nevada residents who are diagnosed and/or treated for cancer.

The NCCR collects data about the occurrence of cancer (incidence), the types of cancer that occur, the body site location(s), the extent of the disease at the time of diagnosis (stage), the kinds of treatment received by cancer patients, and the outcome of treatment and clinical management (death or survival).
The NCCR receives data from a variety of reporting sources, including hospitals, free standing surgical centers, pathology labs, and physician offices. Data collected by the NCCR enables public health professionals to better understand and address the cancer burden in Nevada.

Information derived through the NCCR is critical for directing effective cancer prevention and control programs focused on preventing risk behaviors for cancer (e.g., tobacco use and poor diet) and reducing environmental risk factors. Such information is also essential for identifying when and where cancer-screening efforts should be enhanced.

In summary, the NCCR is designed to: 1. Determine cancer patterns among various populations. 2. Monitor cancer trends. 3. Guide planning and evaluation of cancer control programs. 4. Help set priorities for allocating health resources. 5. Advance clinical, epidemiological, and health services research. 6. Provide information for an aggregated and centralized database of cancer incidence in the United States.

Nevada Gets Gold Certification

The NCCR obtains a majority of it's funding from the Center for Disease Control and Prevention's (CDC) National Program of Cancer Registries (NPCR). Additionally, the CDC collaborates with the North American Association of Central Cancer Registries (NAACCR) to evaluate all U.S. Central Cancer Registries for their ability to produce complete, accurate, and timely data.

This registry certification program recognizes those registries meeting the highest standards of data quality with "Gold" or "Silver" certificates yearly.

In December of 2003, the NCCR submitted Year 2000 data for evaluation. The NCCR obtained "Gold" certification. This achievement was due to the talented staff at NCCR, the hard work and dedication of all CTR's in Nevada and the staff at pathology laboratories, surgical centers, and physician offices.

The NCCR would like to thank everyone involved with cancer registration for producing high quality cancer information.

(WNV, Continued from Page 7)

- When outdoors, use insect repellents containing DEET (N, N-diethyl-meta-toluamide). Follow the directions on the package.
- Many mosquitoes are most active at dusk and dawn. Consider staying indoors during these times or use insect repellent and wear long sleeves and pants. Light-colored clothing can help you see mosquitoes that land on you.
- Make sure you have good screens on your windows and doors to keep mosquitoes out.
- Get rid of mosquito breeding sites by emptying standing water from flower pots, buckets and barrels. Change the water in pet dishes and replace the water in birdbaths at least weekly. Drill drainage holes in tire swings so water drains out. Keep children's wading pools empty and on their sides when they are not being used.

Surveillance for West Nile Virus in mosquitoes, birds, and horses in Nevada is ongoing. In some areas people have noticed an unusual number of dead birds around their homes as an early indication of local viral activity. It is important to remember that if you find a dead bird, do not handle the body with your bare hands. Contact the Nevada Department of Agriculture for instructions on reporting and disposing of the bird. The State Health Officer has recently made human cases reportable pursuant to NAC 441A. This will help to ensure that the progress of this disease within Nevada is understood and will allow prevention and control measures to be targeted toward potentially high-risk areas.

So while Nevada has not yet been greatly impacted by West Nile Virus, it is important for all of us to be aware of the risks as well as the things we can do to prevent infection. With a few facts, it is possible to turn concern and worry into positive actions for disease prevention.

"HEALTH OFFICIALS EXPRESS CONCERN THAT PUBLIC MIGHT BE COMPLACENT ABOUT IMMUNIZATION AS INFLUENZA SEASON NEARS."

National Foundation for Infectious Diseases
National Coalition for Adult Immunization

FLU

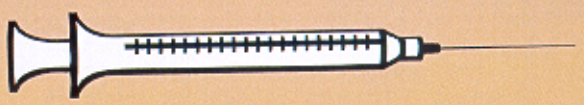
By Robert Salcido, Manager, Immunizations
Bureau of Community Health

Leading medical and public health officials called for renewed vigilance against an old killer --influenza-- which continues to kills approximately 36,000 Americans and results in the hospitalization of more than 114,000 Americans each year. Public health officials said the mild flu seasons during the past two years might result in public complacency. Julie Gerberding, director of the Centers for Disease Control and Prevention (CDC), recently said, "It is unacceptable that such a large number of people continue to die and suffer as a result of influenza. Getting an influenza vaccination every year is the best protection against influenza. We encourage Americans, particularly those 50 and older and people of any age with chronic conditions of the heart or lungs, diabetes or kidney disease, to get their influenza 'flu' vaccination in October or November." She stressed, "Even relatively mild flu seasons cause thousands of vaccine-preventable deaths. The severity of influenza outbreaks cannot be predicted."

Health officials at the CDC also urged at-risk people to be immunized against pneumococcal disease--a shot is recommended for people age 65 or older and for younger people with chronic medical conditions. Pneumococcal vaccination with the polysaccharide vaccine is appropriate at any time of the year, and can be administered at the same time as the influenza vaccine. Important note: According to the CDC, "Influenza vaccine does not affect the safety of mothers who are breastfeeding or their infants--always check with your physician.

OLDEST AND YOUNGEST AT SPECIAL RISK: "One reason for the rise in mortality may be the aging U.S. population; a group that has been steadily growing," suggested Nancy Cox, PhD, Chief of the CDC's Influenza Branch. According to a studey reported in the *New England Journal of Medicine*, influenza vaccine reduces the risk of hospitalization for cardiac disease and stroke for people aged 65 and older. The study found immunization reduces seniors' risk of being hospitalized for heart disease by 19 percent and stoke by 16 to 23 percent. It also shows a flu shot reduces the risk of death from all causes by nearly 50 percent. At the other end of the age spectrum, children are receiving new attention for influenza immunization. *The American Academy of Pediatrics*, CDC, and others now encourage healthy children 6 to 23 month old to be vaccinated as they are at a heightened risk of hospitalization from flu-related complications. New fears have also emerged from recent surveillance data, which shows older healthy children may be in danger of complications from influenza. A study of the last flu season in the state of Michigan, documented ten cases of serious influenza-related illness and four influenza-related deaths among those under age 21. None of the victims had known risk factors, said Dr. Cox.

Should you receive the vaccine?



Vaccination against influenza is recommend for all persons who meet the following criteria:
Age 50 years or older. Age 6 months to 49 years with any of the following conditions: a chronic disorder of the pulmonary or cardiovascular system, including asthma. A chronic disease of the blood, kidneys, or immune system (including HIV), or diabetes that has required medical follow-up or hospitalization in the preceding year. A woman who will be in the 2nd or 3rd trimester of pregnancy during the influenza season. A child or teenager receiving long-term aspirin therapy. A resident in a nursing home or other chronic-care facility. If you're likely to transmit influenza to persons at high risk.

BREAST MILK AND TOXINS

By Anne Franz, State WIC Breastfeeding Coordinator, Bureau of Family Health Services

With the recent front page story documenting the toxins to be found in breast milk, many are questioning whether mother's milk really is the best. This is not a story about breast milk and its safety. It is a story about environmental toxins and the known threat they pose to all of us. They are found in the air we breathe, the food we eat, the water we drink and in our homes and places of work. According to La Leche League International, one of the leading authorities on breastmilk and breastfeeding, "Virtually every infant born today already has a body burden of industrial chemicals. Indeed, evidence demonstrates that babies are more vulnerable to transmission of substances during the prenatal stage than after birth." It has been known for more than 20 years that we accumulate toxins in our body tissues in varying amounts depending on where we live and what we eat and drink. Toxins accumulate in fatty tissues of the body and the breast contains a large percentage of fatty tissue particularly when a woman is lactating. The research being done was not aimed at singling out breast milk but rather at publicizing the need to clean up the environment. Using breast milk samples was an easy and inexpensive way to do so. The media chose to focus on breast milk rather than the fact that our environment contains many harmful pollutants. Although many contaminants have been banned, POP's (persistent organic pollutants), have not, and they can accumulate and remain in tissues for many years.

So the question remains, is it really safe to breastfeed? According to Cheston Berlin, MD, professor of pediatrics and pharmacology at Hershey Medical Center in Pennsylvania, (a recognized expert on chemicals found in breast milk), "Despite these findings, breastfeeding is still the preferred method for nourishing infants and should be the "enthusiastic" choice for mothers capable of doing it". Of course there is concern for PBDE's (flame retardants) just as there's concern over the 500 different compounds in tobacco smoke and thousands of other chemicals in the environment, but I don't know of any documented problems with PBDE's in terms of exposure to an infant. And what I find interesting is that what is missing from these discussions is the fact that nobody has measured these PBDE"s in infant formula or what they may do during pregnancy." In addition, it is important to note that the rats and mice studied were exposed to very high levels of contaminants and they were not exposed over a long period of time. All of the abnormalities found occurred in the first trimester in utero and not while breastfeeding.

Since breastmilk is a living and dynamic fluid, the current recommendation is that its many documented benefits and protective properties remains superior to infant formula which is not pollutant free and has been found to have contaminants in the past. There have been no statements from leading organizations such as the AAP (American Academy of Pediatrics) or any other health organization interested in infant health suggesting that women abandon breastfeeding in favor of formula. For further information and to find ways to reduce your exposure to chemicals, visit these websites: www.lalecheleague.org/Release/contaminants.html or http://www.nrdc.org/breastmilk/ or http://my.webmd.com/content/Article/74/89190.htm.

"Love Your Liver"

By Brady Janes, Bureau of Community Health

More than 25 million Americans -- one in every 10 -- are affected by some form of liver or biliary disease. Liver disease affects men, women, and children of every race and age group. October is National Liver Awareness Month, which is sponsored by the American Liver Foundation and designed to educate people about liver functions and to raise awareness of the many diseases that affect the liver, such as viral hepatitis.

The liver is the largest organ in the body and it is essential for survival. It makes blood, it stores energy and it removes poisons inhaled from the air. If the liver is not functioning properly, a person can become very sick and can even die. Some liver diseases exhibit no overt symptoms for a long period of time, and many people are afflicted by liver disease without knowing it. This year, the American Liver Foundation is urging people to consider becoming organ donors. There are over 17,700 people on the waiting list for a liver transplant, and this number increases each year. There were only 5,300 liver transplants performed in 2002. The medical miracle of transplantation depends on donated organs. Unfortunately, many patients die waiting. Over the next decade, many more people will be diagnosed with a serious liver disease and the need for donated organs will increase dramatically.

In the next year, at least 25,000 people will join the over four million Americans who have been infected with hepatitis C. As many as 80,000 people will join the 1.25 million Americans who are chronically infected with hepatitis B. Each year, 15,000 children are hospitalized for liver disease. The more than 100 forms of liver disease cost society billions of dollars. Researchers have come a long way in better understanding liver diseases, but there's a lot more to be done to help fund cures and more effective treatments. Throughout Liver Awareness Month, the American Liver Foundation urges people to learn more about the liver, and how to keep this vital organ healthy, and to learn more about hepatitis and other liver diseases. Please check out the U.S. Health and Human Services website at: **http://www.organdonor.gov** to learn more about becoming an organ donor.

Recognizing Employees

Lisa Jones, *(photo above)* **Supervisor and Health Family Surveyor with the Bureau of Licensure and Certification,** in Las Vegas, was recently honored with the publishing of her article in the ***Journal of Gerontological Nursing***, March 2003 issue. Lisa co-authorized a seven-page article entitled, "Registered Nurse Staffing and OBRA Deficiencies in Nevada Nursing Facilities." Dr. Charles Moseley, PhD, Associate Professor, Department of Public Administration, at the University of Nevada, Las Vegas, was the co-author. Congratulations to Lisa for this great honor.

Dana Pennington, *(photo above)*, **a Registered Environmental Health Specialist (R.E.H.S.), with the Bureau of Health Protection Services,** in Carson City, was awarded the most prestigious "Career Award," from the Nevada State Board for Registered Environmental Health Specialists, in ceremonies at their annual meeting held in Reno, Nevada. The nominees for the award must have at least 20 years of service within the environmental health field and must be nominated by one of their R.E.H.S. peers. Nominations are reviewed by the R.E.H.S. Board for career duration, integrity, and professionalism of the nominee. Congratulatons to Dana for this great honor.

Congratulations!

Editorial Staff

John Flamm, Public Info Office (Administration)
Trenna Smith-Montes, BADA
Bill Kirby, BCH
Connee McCasland, BEIS
Mary Mackenzie, BFHS
Christina Gilliland, BHP&S
Carol Whaley, BHPS
Jane Dreiling, BLC
Paul Lunde, Public Health Prep

EMS Welcomes New Representative in Tonopah

Nevada State Health Division's Emergency Medical Services (EMS), announced the arrival of **William Winters**, EMS Representative for Region 4 (Tonopah, Nevada), filling a position vacant since November, 2002. William's involvement in emergency medical services spans nearly 24 years. In 1981, as an EMT Intermediate, William became a volunteer for the Round Mountain Gold Corporation and was also a volunteer member of the Smokey Valley Ambulance Service, In 1982, he began as an EMS instructor. He understands the needs of rural and frontier Nevadans.
William is a native Nevadan, with a large family. He recalls a proud moment 17 years ago, when he delivered his granddaughter in the back of an ambulance in rural Nevada. Welcome aboard!

Hail/Farewell

Mark Teska, Welcome to Administration
Greg Rumbles, Welcome to Administration
Madeleine Barney, Transfer to BEIS
Kim Neiman, Farewell
Jeff Vollman-Farewell
Crystal Freeman-Farewell
Maryanna Moyer, Welcome to BCH
Rochelle van der Poel, Welcome to BCH
Amy Garland, Welcome to BCH
Catherine Koch, Welcome to BCH
Jennifer Stoll-Hadayia, Welcome to BCH
Brady Janes, Welcome to BCH
Lyell Collins, Welcome to BCH
Cathy Robinson, Transfer to BCH
Theresa Cress, Welcome to BCH
Cherrill Cristman, Welcome to PHP
Dr. Michael Thomas, Welcome to PHP
Dr. Vicki Fogelman, Welcome to PHP
Dr. Amy Khan, Welcome to PHP
Bonnie Valen, Welcome to PHP
Estella Tavares, Welcome to PHP
Carol Godtfredson, Welcome to PHP
Gil Potter, Transfer to BADA
Brian Wellins, Farewell
William Lee, Farewell
Christina Gilliland, Welcome to BHP&S
Marianne Segurson, Welcome to BHP&S
Irma Janssen, Farewell
Kristen Rivas, Transfer to BADA
Paul Babiak, Farewell
John MacLean, Retirement
Frank Sakelarios, Farewell
Becky Ellis, Welcome to BFHS
Kyle Devine, Welcome to BFHS
Peggy Trembath Shuster, Welcome to BFHS
Kristin Dubendorf, Welcome to BFHS
Laura Adler, Welcome to BFHS
Wayne Yates, Welcome to BHPS
Rex Goodman, Welcome to BHPS
Lauri Neville, Farewell
Darla Beers, Farewell
Lisa Rosas, Farewell
Barbara Cavanaugh, Farewell
Don LaFara, Transfer to NDEP
Jack Ruckman, Transfer to NDEP
Julie Flanagan, Transfer to NDEP
Adele Basham, Transfer to NDEP
Linda Ficklin, Welcome to BLC
Ann Riegel, Welcome to BLC
Teri Hayden, Welcome to BLC
Isabel Espinoza, Welcome to BLC